STATE OF CALIFORNIA										MAI	MAIL STATION MS 10										_	
TRAVEL EXPENSE CLAIM											Dogo 1 of 2 names											
STD 262 A (REV. 5/31/00) Department of Child Support Services  CLAIMANT'S NAME							1							Page 1 of 2 pages								
Jan C. Sturla POSITION CB/ID N						JMBER	DIVISION OR BUREAU							Child Support Services							_	
					Exempt Executive					_			1110									
RESIDENCE ADDRESS						Pr.	HEADQUARTERS ADDRESS							_			PHONE	E NU	JMBER			
		111	11120 International Drive								916 464-5300											
CITY STATE ZIP 0						E	CITY			STATE				ZIP (				CODE				
							Rancho Cordov			va CA							957	741				
(1) MONTH/YEAR (3)		(4)	(4) (5) MEAL		O.T., L/T	(6)		(7) TRANSF	PORTA (B)	TION (C)	2)		(D)		(8)				(9)			
	Oct 09	LOCATION				N/C, RELO.				CARFARE,	PRIVATE		CAR					_	TOTAL			
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIE TAI		COST OF TRANS.	TYPE USED	TOLLS, PARKING	MILES	USE MILES AMOUNT			BUSINESS EXPENSE		EXPENS FOR D				
30-Sep	9:30 -12:30	1020 11th St Sacramento								SC	10.00			\$0.	00					\$10.0	0	
														\$0.	OΩ					\$0.0	_ _	
1 Oct	16:24	Jamestown							20.03	90				\$0.			_					
1-Oct									20.03								_			\$20.0		
6-Oct	13:00	Sacramento to Santa Ana								Α	9.00	16		\$8.	80		_			\$17.8	0	
7-Oct	6:00	San Clemente/San Bernardino	93.24	6.00	10.00	18.00	6	.00		PC	9.00	69		\$37.	95	5		\$180.19				
8-Oct	8:00 18:00	Riverside to San Clemente	;	6.00	10.00	18.00	6	.00		PC	9.00	75		\$41.	25					\$90.2	5	
11-Oct	17:00	San Clemente/San Diego	123.80			18.00	6	.00	29.00	Tr	9.00			\$0.	00				\$	185.8	0	
12-Oct	19:45	San Diego/Sacramento	ļ	6.00	10.00	18.00				Α	9.00	16		\$0.	00			\$43		\$43.0	0	
14-Oct	13:00	1600 9th St Sacramento								РС	6.00			\$0.	00			\$6.		\$6.0	0	
16-Oct	8:35	Sacramento/Santa Ana								Α	9.00	16		\$8.	80		_			\$17.8		
19-Oct	8:00	San Clemente/Garden Grove	134.57			18.00	6	.00						\$0.	00	375.	00	00 \$53		533.5	7	
20-Oct			134.57			18.00	6	.00			9.00			\$0.	00				<u>.</u>	167.5	7	
														\$0.			$\neg$			\$0.0		
			400.40	40.00		400.00			40.00		<b>#70.00</b>	400					_					
(10) Subtotals 486.18 18.00			18.00	30.00	108.00	30.00 49.03				\$79.00		\$96.80 \$375.00			.00							
												CL	_AI	M T	<u>TC</u>	AL		<u>\$1</u>	<b>,2</b>	72.0	1	
9/30 M not acc site vis 8/31 ar	eeting wi cepted. 1 it. Retur nd 9/2 (n	FTRIP, REMARKS AND DETAILS (Atta tith small county LCSA Directors 10/7 Drive to residence in San C In to San Clemente. 10/11 Train to parking receipts)	- no parkir Clemente t n to San D	ng lot ticl to San E Diego, ov	ket. 10/ Bernardi vernight	1 Drive to Tuol no County DC for early morr	SS s ning r	ite v neet	isit. Drive	to Rin	verside for o County D	overnight.	. 10/ /12	/8 Drive return	e to to S	Rive Sacrar	rside men	e Cour ito	nty I	DCSS		
(12) NORMAL WORK HOURS			PCA	PRO	JECT	WORK	OBJ	AO	AMOUNT	OBJ	AO AMOUN	NI OBJ	AO	AMOU	ΝŤ	OBJ /	łΟ	AMOUN	11	OTAL		
(13) PRI	VATE VEH	HICLE LICENSE NO.	41110			PHASE											$\dashv$	$\overline{}$	+			
															$\Box$	$\vdash$	-		+			
(14) MIL	EAGE RA	TE CLAIMED															$\exists$		+			
		\$0.55																	T			
AG	ENCY AC	COUNTING OFFICE USE ONLY															_	-	7		_	
PAID BY REV. FUND CHECK NO.		,																T				
			TOTALS																			
		RTIFY That the above is a true statement	of the travel	expenses																	at	
		n rate, I certify that the cost of operating t e safety and seat belt usage.	he vehicle wa	as equal to	or greate	r than the rate clair	ned, a	nd th	at I have met	the req	uirements as p	rescribed by	SAM	1 Section	ıs 07	50, 075	1, 07	52, 075	3 and	d 0754		
CLAIMANT'S SIGNATURE						DATE	(F16)	SIGI	NATURE OF	OFFIC	ER APPROVI	NG TRAVE	L ANI	D PAYM	IENT	1	DATE					
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES																-	DATE	<u> </u>				

	OF CALIFO									MAI	L STA													
TRAVEL EXPENSE CLAIM STD 262 A (REV. 5/31/00) Department of Child Support Services										MS 10					Page 2 of 2 pages									
CLAIMANT'S NAME							SSN OR									EPARTMENT								
Jan C. Sturla							Child								nild Support Services									
POSITION CB/ID NUMBER						UMBER	DIVISIO	DIVISION OR BUREAU									INDEX NUMBER							
Director Exempt						pt	Exec	Executive									1110							
RESIDENCE ADDRESS							HEADQ	HEADQUARTERS ADDRESS									Т	ELE	PHONE I	NUMBE	R			
				11120	11120 International Drive								916 464-5300											
CITY STATE ZIP CO						ÞΕ	CITY	CITY STATE							ZIP CODE									
							Ranc						CA				ć	<del>9</del> 57	<b>7</b> 41					
(1) MONTH/YEAR (3)		(4)	(5) MEALS		O.T., L/T	(6)		RANSI	PORTA (B)	TATION ) (C)				(D)		(8)			(9)					
Sep Oct 09		LOCATION		DDEAK		N/C, RELO.	INCIDE				CARFAF			/ATE				-00			DTAL			
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDE! TALS		ANS.	TYPE USED			ES	USE A	MOUNT		BUSINE EXPEN			EXPEN FOR	DAY			
21-Oct		Garden Grove	134.57				6.0	0			9.0	00			\$0.0	)()				\$149	.57			
22-Oct		Garden Grove/San Clemente									9.0				\$0.0	_					.00			
25-Oct		San Clemente/Sacramento								Α	9.0		16		\$8.8	7		$\dashv$		\$17				
20 000	20.00	Carr Clemente, Cacramente								, ,	0.0	,,,	-10		ψ0.0	,		$\dashv$		Ψιι	.00			
	45.00		4 40 0 4			40.00		_					4.0		Φ0.0	+		$\dashv$		Φ.1.0=				
27-Oct	15:30	Sacramento to Los Angeles	146.04			18.00	6.0	0		Α	9.0	00	16		\$8.8	30		_		\$187	.84			
28-Oct	18:00	& return to Sacramento		6.00	10.00					Α	4.0	00	16		\$8.8	30				\$28	.80			
																T		$\exists$						
-								+								+		$\dashv$						
								-								+		4						
															\$0.0	10		$\exists$		9.0	.00			
(40) (	2	1-	000.04	0.00	40.00	40.00	40.0		0.00		<b>C40</b>	20	40	· ·		Φ0.								
(10) Subtotals			280.61	6.00	10.00	18.00	12.0	0 (	0.00		\$40.0	00	48		\$26.40 \$0			JU	- 1					
													CL	_AI	м тс	)T/	AL		\$	393.	01			
(cont.) Child 3	10/16 - Support I Page 1 -	F TRIP, REMARKS AND DETAILS (Atta Sacramento to Santa Ana/San Directors Association Annual Tr registration pay by personal cr	Clemente aining Co	. 10/19	Drive to	Garden Grove			-				_						-					
(12) NORMAL WORK HOURS			PCA	PRO	JECT	WORK	OBJ AC	AMO	TNUC	OBJ	AO AMO	DUNT	OBJ	АО	AMOUN	ТС	DBJ A	10	AMOUNT	TOTA	L			
(13) PR	IVATE VEH	HICLE LICENSE NO.	41110			PHASE		-								+	$\dashv$	4		1	Т			
(10)111		NOLE LIGENIE NO.														4	$\rightarrow$	4			-			
(14) MIL	EAGE RA	TE CLAIMED						-								+	+	-		1	+			
		\$0.55														+	+	$\dashv$						
AC	SENCY AC	COUNTING OFFICE USE ONLY														+	$\dashv$	$\dashv$			+			
		Y REV. FUND CHECK NO.														+	-	$\dashv$			+			
			TOTAL							<u> </u>		<u> </u>	<u> </u>			$oldsymbol{\perp}$								
		RTIFY That the above is a true statement in rate, I certify that the cost of operating t																						
	ng to vehicl	e safety and seat belt usage.				DATE	(F16) SI	SNATI	IRE OF	OFFIC	ER APPR	OVING TI	RAVFI	LANI	) PAYME	NT	Ir	DATE	=					
//	5 5101	<u>−</u>	DATE					1 0	01		OFFICER APPROVING TRAVEL AND PA						ا ا							
(17) SIG	NATURE	AND TITLE OF AUTHORITY FOR SPE	CIAL EXPE	NSES													Γ	DATE	: <u> </u>					